



KENTUCKY DEPARTMENT OF EDUCATION

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Gene Wilhoit, Commissioner
(502) 564-4770

CACFP Policy Memorandum 2006-05

TO: Sponsoring Organizations (Multi-Site Sponsors) of Child Care Centers
Family Day Care Home Sponsors

FROM: Paul McElwain, Director
Nutrition & Health Services

RE: Child and Adult Care Food Program (CACFP)
Household Contact Policy for Sponsoring Organizations and Family Day Care
Home Sponsors

Date: July 1, 2005

Household Contact System for Sponsoring Organizations of Child Care Centers and Homes

Reviews by Sponsoring Organizations of Child Care Centers

Effective October 1, 2005, sponsoring organizations of child care centers will be required to implement household contacts and administrative action when sponsor reviews identify the following:

1. Inconsistency between Attendance and Meal Counts:
 - a. The number of participants observed in attendance during the monitor visits will be compared to the number of meals reported for the previous 5 days and to the participants' enrollment forms to detect any substantial and inexplicable inconsistency between the observed attendance and previous meal counts;
 - b. If any substantial and inexplicable inconsistency is found between the observed attendance and the number of meals reported for the previous 5 operational days, sponsor staff will contact the parents and guardians of the enrolled participants; and
 - c. If any of the contacts with parents and guardians reveal that a false claim was submitted, a finding will be included in the monitoring report and appropriate meal disallowances will be made.



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2. Irregularities with Participant Eligibility Applications:

- a. Participant eligibility applications will be reviewed for any irregularities including, but not limited to, applications from different households which appear to have parent or guardian signatures in the same handwriting, applications that appear to have been altered with correction fluid or tape, and applications that are found with information that appears to be entered after the applications were signed by the parents or guardians;
- b. If any irregularities are found, State Agency staff will contact the parents or guardians of the affected participants; and
- c. If any of the contacts with parents and guardians reveal that a false claim was submitted, a finding will be included in the administrative review report and appropriate meal disallowances will be made.

If a false claim concerns an affiliated center and the sponsor determines that the claim was **unknowingly** submitted by the center, the sponsor will instruct the center to implement corrective action. However, if the false claim was **knowingly** submitted by the center, the sponsor will contact the State Agency for guidance.

3. Block Claiming:

- b. Claiming information will be examined to detect block claiming (i.e., number of meals claimed for one or more meal types was identical for 15 consecutive days);
- c. If block claiming is detected, the enrollment and attendance records for the claiming period will be examined;
- d. If the enrollment and attendance records appear to indicate false claiming for any participants, contacts will be made with the parents and guardians of these participants; and
- e. If any of the contacts with the parents and guardians reveal that a false claim was submitted, a finding will be included in the monitoring report and appropriate meal disallowances will be made.

If it appears that the false claim was **unknowingly** submitted by the center, the sponsor may initiate the serious deficiency process and will require the center to implement corrective action. However, if it appears that the false claim was **knowingly** submitted by the center, the sponsor may suspend the center's CACFP participation, and will initiate action to terminate the center's participation.

Reviews by Sponsoring Organizations of Child Care Homes

Effective October 1, 2005, sponsoring organizations of family day care homes will be required to implement household contacts and administrative action when sponsor reviews identify the following:

1. Inconsistency between Attendance and Meal Counts:

- a. The number of participants observed in attendance during the monitor visits will be compared to the number of meals reported for the previous 5 days and to the participants' enrollment forms to detect any substantial and inexplicable inconsistency between the observed attendance and previous meal counts;
- b. If any substantial and inexplicable inconsistency is found between the observed attendance and the number of meals reported for the previous 5 operational days, sponsor staff will contact the parents and guardians of the enrolled participants; and
- c. If any of the contacts with parents and guardians reveal that a false claim was submitted, a finding will be included in the monitoring report and appropriate meal disallowances will be made.

If it appears that a false claim was **unknowingly** submitted by the home provider, the sponsor will instruct the provider to implement corrective action. However, if it appears that the false claim was **knowingly** submitted by the provider, the sponsor will **initiate the serious deficiency process for the provider**.

2. Repeated Absences by Child Care Home Provider at Time of Unannounced Monitoring Reviews:

- a. When repeated absences occur by any home provider at the time of unannounced reviews, contacts will be made with the parents and guardians of enrolled participants; and
- b. If any of the contacts with parents and guardians reveal false claiming, a finding will be included in the sponsor's monitoring report and appropriate meal disallowances will be made. In addition, the sponsor will implement the serious deficiency process for the provider.

3. Block Claiming:

- a. Claiming information will be examined to detect block claiming (i.e., number of meals claimed for one or more meal types was identical for 15 consecutive days);
- b. If block claiming is detected, the enrollment and attendance records for the claiming period will be examined;
- c. If the enrollment and attendance records appear to indicate false claiming for any participants, contacts will be made with the parents and guardians of these participants; and

- d. If any of the contacts with the parents and guardians reveal that a false claim was submitted, a finding will be included in the monitoring report and appropriate meal disallowances will be made.

If it appears that the false claim was **unknowingly** submitted by the provider, the sponsor may initiate the serious deficiency process and will require the provider to implement corrective action. However, if it appears that the false claim was **knowingly** submitted by the provider, the sponsor will **initiate the serious deficiency process for the provider**.

Method and Documentation for Household Contacts

All household contacts are to be completed either by telephone or by mail, and shall be documented by the attached forms. **The State Agency and all sponsoring organizations will place at least three telephone calls to complete a contact with each household.**

No Contact or Inconclusive Information

If any required household contacts are not completed after at least three attempts, or the information received from the contacts is inconclusive, the State Agency and sponsoring organization may proceed with appropriate administrative actions to address the review findings identified above.

I encourage you to call if you have any questions or need assistance. Please contact Denise Hagan at 502-564-5625.

AGENCY LETTERHEAD

(Date)

Parent's Name
Address
City, State, Zip Code

Dear (parent's name):

Your child care provider/center, (name of provider/center) , receives reimbursement from the Child and Adult Care Food Program (CACFP) for the meals served to your child(ren). In order to ensure the integrity of the program we occasionally conduct surveys with the parents/guardians to verify your child(ren)'s attendance in the child care provider's home/center. Participation in this survey will assist us in maintaining the integrity of the CACFP. Following are a few questions to verify your child's(ren's) participation in the CACFP.

Please return completed survey in the self-addressed envelope provided. Your prompt return of the requested information will be appreciated.

Parent Survey

1. Are you aware that your childcare provider/center participates in the U.S. Department of Agriculture Child and Adult Care Food Program?	Yes	No
2. Is/are your child(ren) still in care at the child care provider's home or center noted above?	Yes	No
3. If no longer in care, enter the last date your child was in childcare.	____/____/____	
4. What meals and/or snacks are normally provided to your child while in care? (Please circle)	Brkfst Lunch Supper	AM Snack PM Snack LN Snack
5. Do you provide any food for your child while he/she is in care? If so, what kind of items and how often do you provide them?	Yes	No
6. Does your child enjoy the menu selections and preparation of foods?	Yes	No
7. What days of the week does your child normally attend? (Please circle)	M T W Th F Sat Sun	
8. What hours is your child normally in childcare? (Enter times in box to the right)		
9. Did your child attend this home or center on the following date(s) and time(s)? _____	Yes	No

Completed by: _____ Date: _____
(Parent/Guardian)

Household Telephone Number: _____

Thank you for your participation in this survey. If you have any questions, please feel free to call:

_____ at _____.

HOUSEHOLD CONTACT TELEPHONE QUESTIONNAIRE

Child's Name: _____ Parent's Name: _____

Household Telephone Number(s): _____

Center/Provider Name: _____ Date: _____

Introduction:

Introduce yourself and identify the agency for which you work. Try to put the parent at ease. Explain that your agency sponsors/administers the Child and Adult Care Food Program and that you are doing a survey to determine satisfaction with how well the provider/center is providing nutritious meals to the children.

1. Is your child still enrolled in child care at _____? If not, when were they withdrawn?

IF THE PARENT WITHDREW THE CHILD PRIOR TO THE TIME PERIOD IN QUESTION, STOP HERE AND THANK THEM FOR THEIR PARTICIPATION. IF NOT, CONTINUE.

2. What meals and/or snacks are normally provided to your child while in care?

3. Do you provide any food for your child while he/she is in care? If so, what kind of items and how often do you provide them?

4. Does your child enjoy the menu selections and preparation of foods?

5. What days of the week does your child normally attend? _____

6. What hours is your child normally in childcare? _____

Ask this question only if you have specific reason to believe that meals were claimed on a date(s) the child was not in attendance.

7. Did your child attend _____ during his/her normal hours of care on _____?
Name of center/provider date(s)

If he/she was only absent part of the day, what hours was he/she absent? _____

THANK THE PARENT FOR THEIR TIME AND END THE SURVEY

Call History

Attempt 1: _____
Date, Time, and Initial

Attempt 2: _____
Date, Time, and Initial

Attempt 3: _____
Date, Time, and Initial

Signature of Sponsor Staff

Use Back to Document Additional Information

***At least three contact attempts must be made prior to signing form and initiating action. However, each attempt must be dated and initialed by staff conducting the contact.**